

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90151 012 \*\*\*150.00

DOCUMENT # P98000080809

1. Corporation Name

GALAXY AVIATION REAL ESTATE SERVICES, INC.



Principal Place of Business

3700 AIRPORT ROAD, STE. 401  
BOCA RATON FL 33431

Mailing Address

3700 AIRPORT ROAD, STE. 401  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1998

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1900 Glades Rd.

Suite, Apt. #, etc.

22 Suite 245

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 US

2a. Mailing Address

26 1900 Glades Rd.

Suite, Apt. #, etc.

27 Suite 245

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30 US

9. Name and Address of Current Registered Agent

BRESLOW, RICHARD  
3700 AIRPORT ROAD, STE. 401  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name Richard H. Breslow

82 Street Address (P.O. Box Number is Not Acceptable)

1900 Glades Road

83 Suite 245

84 City Boca Raton, FL

85 Zip Code 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GREENBERG, MARTIN  
STREET ADDRESS 3700 AIRPORT ROAD, STE. 401  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☒ DELETE

NAME WHEELER, MICHAEL  
STREET ADDRESS 3700 AIRPORT ROAD, STE. 401  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

CEO and Director  
Martin F. Greenberg  
1900 Glades Road, Suite 245  
Boca Raton, FL 33431  
☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

President  
Jonathan Miller  
1900 Glades Rd., Suite 245  
Boca Raton, FL 33431  
☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Secretary  
Pamela Green  
1900 Glades Rd., Suite 245  
Boca Raton, FL 33431  
☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CFO  
Michael Faren  
3700 Airport Rd.  
Boca Raton, FL 33431  
☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-99 (561) 347-8585

CR2E034 (1/98)